

W.E. Lusain Funeral Home 629 Goldwire Way SW, Birmingham, AL 35211 www.LusainMemorial.com (205) 900-8334

Fax to: (205) 449-6431 or Email to: LusBhm@gmail.com

********Information Needed to Originate a Death Certificate******

Age:					
MAIDEN NAME IF APPLICABLE:					
Married, Single, Widowed, or Divorced (Circle One)					
Date of Birth SSN#					
(Include Maiden Name)					
(Include Maiden Name)					
(Name of Institution)					
·					
Military Veteran? Yes or No If yes, what branch:					
Relationship:					
Phone:					

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT, IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of

	ed to as the "Deceased")	Place of Death (including Ci	(including City and State)		
Date of Birth	Date of Death	Time of Death	am or pm		
hereby request and authorize W.E. Lu the cremation of the remains of the Do Home, I/we hereby authorize Cremato and custody of the Funeral Home. I/W	asain Funeral Home and Crematory (here in after receased at Lusain Memorial Crematory (hereinafter to proceed with the cremation. I/We authorize We understand that the services and obligations of the Funeral Home. I/We hereby authorize the	e of a person of equal priority who disagrees with a eferred to as the "Funeral Home") to take possessiver referred to as the "Crematory"). Upon receipt of the Crematory to return the cremated remains of the Crematory shall be fulfilled when the cremated Funeral Home to arrange for the disposition of the (Additional Fee Required). Name and Address:	on of and make arrangements for the Deceased from Funeral the Deceased to the possession remains of the Deceased are		
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Name of designated family member to cremated remains.	o receive		Initial here if you want the cremated remains disposed at		
•		y are not responsible for any loss or shipped via Registered Mail with the USPS.	the discretion of the funeral home.		
of the Deceased prior to cremation, an	(Des	scription of Implanted Device or Personal Article D	• ,		
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Email: LusBhm@gmail.com Fax: (205) 449-6431 or



STATE OF ALABAMA ALABAMA BOARD OF FUNERAL SERVICE CREMATION IDENTIFICATION FORM

THIS FORM SHALL ACCOMPANY THE REMAINS THROUGH ALL PHASES OF TRANSPORTING

IDENTIFICATION:						
NAME OF DECEASED:			_ so	CIAL SECURITY I	NUMBER: _	
PLACE OF DEATH:						
,		(PHYSICAL AI		INSTITUTION)		
CITY:	COUNTY: _			STA	\TE:	
DATE OF DEATH:	·····		TII	ME OF DEATH:		
NAME OF AUTHORIZING AGEN	IT (or representativ	ve of):				
SIGNATURE OF AUTHORIZING						
FUNERAL ESTABLISHMENT O	DICINALI V DEC	EI\/INIC DEN	A INIC.			
NAME: W. E. Lusain				rv		
					naham	λ1ahama 3521°
ADDRESS: 629 Goldwire	nay bini		_ (111/	SIAIE: DILMI	ngnam,	Alabama 5521
ESTABLISHMENT PERFORMIN	G CREMATION	<u>l:</u>				
NAME: W. E. Lusain	Funeral Ho	ome & Cr	emato	ory		
ADDRESS: 629 Goldwire	Way S.W.		CITY/S	TATE: Birmin	igham, A	1abama 35211
SIGNATURES:						
(INDIVIDUAL RELE	ASING REMAINS TO C	REMATORY)	•	(CREMATORY RE	PRESENTATIVE RE	CEIVING REMAINS)
(DDINTED NAME (OF INDIVIDUAL RELEAS	INC DEMAINS)		(DDINITED MANAE	OF ODE 44 TODA	
(FMINTED INMINIE C	F INDIVIDUAL RELEAS	ING REIVIAINS)		(PRINTED NAME	OF CREMATORY	REPRESENTATIVE)
<u>NOTIFICATION</u>						
CORONER:		DATI	:		TIME:	
CONSENT INFORMATION:						
	-					
	CERTIF	ICATION OF	CREM	ATIONIST		
•	al.	a la a alas sauta sa		and the co		
(Print name of individual who per		o nerby attes	t and ce	rtiry that I perso	nally perforn	ned the cremation of
	at			on		beginning at
(Print name of deceased)		(Print name of crem	atory)		(Date)	beginning at
and concluding on	at		. I furthe	er attest that the	deceased w	as assigned
(Time)	(Date)	(Time)				G
identification number	prior to the	cremation a	nd that	this number has	accompanie	d the remains throug
the entire cremation process and						
			atcu	. c.mamb for retu	an to the spe	omea acsunation.
				/Signa	ture of Crema	ationist\